MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 04/125554

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2	/		/				52							
3		1		/			53							
4		1		/			54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9		1					59							
10		/					60							
11		/					61							
12		1					62							
13		1					63							
14		1					64							
15		1					65							
16		/					66							
17		2		2			67							
18		2		2			68							
19		2		2			69							
20		2		2			70							
21		2		2			71							
22		1		2			72							
23		2		2			73							
24		2		2			74							
25		2		2			75							
26		2		2			76							
27		2		2			77							
28		2		2			78							
29		2		2			79							
30		2		2			80							
31	/						81							
32	/						82							
33		1					83							
34		1					84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4		2				TOTAL IND.							
TOTAL DEP.	14		30				TOTAL DEP.							
TOTAL CLAIMS	48		32				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS